

Introduced by Senator Soto

February 22, 2006

An act to add Section 14122.5 to the Welfare and Institutions Code, relating to health care.

LEGISLATIVE COUNSEL'S DIGEST

SB 1405, as introduced, Soto. Medi-Cal: Healthy Families: interpreter services.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Services and under which qualified low-income persons receive health care benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions.

Existing law establishes the Healthy Families Program, administered by the Managed Risk Medical Insurance Board, to arrange for the provision of health, dental, and vision services to eligible children pursuant to a federal program entitled the State Children's Health Insurance Program.

This bill would make certain findings regarding the portion of the California population that is limited English proficient (LEP). The bill would establish the Task Force on Reimbursement for Language Services to develop and adopt a mechanism for seeking federal matching funds to pay for language assistance services, including oral interpretation services and translation of written materials, for the population that is LEP and that is enrolled in the Medi-Cal program or the Healthy Families Program. It would require the task force to report its recommendations to the Legislature no later than July 1, 2009, and would require that all costs associated with the task force be paid with private funds.

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares all the
2 following:
3 (a) By the year 2040, two out of every three Californians will
4 be people of color.
5 (b) Over 200 languages are spoken in California.
6 (c) Latinos represent one-third of California's population, and
7 over one-half of California Latinos speak a language other than
8 English at home.
9 (d) It is estimated that one in five Californians (six to seven
10 million people) are limited English proficient (LEP), speaking
11 English less than "very well." In the Counties of Imperial, Los
12 Angeles, and Monterey, and the City and County of San
13 Francisco, between one-quarter and one-third of the population is
14 LEP.
15 (e) Almost 50 percent of Medi-Cal managed care and Healthy
16 Families Program members primarily speak a language other
17 than English.
18 (f) California's Medi-Cal and Healthy Families managed care
19 contracts require that health maintenance organizations provide
20 medical interpreter services to all of their LEP members.
21 (g) It is estimated that there are fewer than 500 professional
22 health care interpreters in California and, of these, only a fraction
23 have been formally trained in health care interpreting and work
24 full time as health care interpreters.
25 SEC. 2. Section 14122.5 is added to the Welfare and
26 Institutions Code, to read:
27 14122.5. (a) The Task Force on Reimbursement for
28 Language Services is hereby created to develop and adopt a
29 mechanism for seeking federal matching funds from the federal
30 Centers for Medicare and Medicaid Services to pay for language
31 assistance services, including oral interpretation services and
32 translation of written materials, for the population that is limited
33 English proficient and that is enrolled in the Medi-Cal program
34 or the Healthy Families Program.

1 (b) The task force shall consist of representatives of health
2 care providers, including community clinics and public hospitals,
3 consumer groups, health care advocacy groups, and state
4 officials.

5 (c) The duties of the task force shall include compiling
6 interpreter models in the health care delivery system currently
7 used by other states, assessing those models, and developing a
8 recommended system of interpreter services applicable to the
9 Medi-Cal program and the Healthy Families Program that allows
10 for federal reimbursement for those interpreter services.

11 (d) The task force shall convene on or after January 1, 2007,
12 and shall report its recommendations to the Legislature no later
13 than July 1, 2009.

14 (e) Membership on the task force shall be voluntary.

15 (f) All costs associated with the administration of the task
16 force shall be paid with funds contributed for that purpose by
17 private individuals and entities.